



CARES Commission Testimony

I am Dianne Nelson and I have been a staff nurse at the Southern Arizona VA Health Care System (Tucson) for 30 years. My role for the last 12 years is in Ambulatory Surgery where I interact with patients and their families every day. I am also the President-Elect of the Nurses Organization of Veterans Affairs. I thank Chairman Alvarez for inviting me to testify.

As a VA nurse actively involved in both local and national leadership and nursing issues, I have followed the CARES process since its inception. Recognizing that change is both needed and inevitable, not only in the VA health care system, but also in national health care, I applaud the comprehensive approach that CARES has taken. Throughout the process, CARES has demonstrated a commitment to align resources with need. From the initial Facility Condition Assessments, the Market Analysis and the Workload Projections, as the process continues, now is the time to incorporate the value of the nursing perspective. We commend the leadership for including nurses on this Commission.

Key Points:

- NOVA fully supports the CARES process and encourages VA nurses at all VA facilities to take an active role in the implementation decisions.
- NOVA is committed to enhancing the care of our nation's veterans, and supports the mission of the CARES Plan: to improve access to, and the quality and cost effectiveness of, veteran's health care.
- NOVA believes quality is an essential component of the CARES mission. VA Nurses are involved in numerous initiatives that support innovative practice to enhance quality care for veterans.
- VA nurses believe our veteran patients are not just a name or a number; they are American heroes who have served our country and deserve the very best care at a reasonably close location.
- VA nurses and all health care providers need to educate our veterans and our communities about the CARES Plan in a very positive manner. We are truly the VA's best ambassadors.
- NOVA applauds the thoroughness of the CARES Draft Plan; its sensitivity to the needs of veterans and health care workers, and all of the work done at the VISN level to draft this plan in a relatively short period of time, thus dispersing conjecture and rumors.

- NOVA passionately believes in the VA's commitment to the VA Nurse Qualification Standard and the expectation of a BSN (Bachelor's Degree in Nursing) for advancement beyond the entry level, as well as a commitment of economic support for Associate Degree Nurses to pursue an advanced degree.

The impact of and interest in the CARES Plan will vary from facility to facility and from VISN to VISN. If I were to mention the word CARES to the average bedside nurse in a busy tertiary facility, I would probably get a blank look. However, if I mention CARES in a small rural, older facility, the look would be a stare, like a deer caught in the headlights of a car—panic about the future of their jobs and their patients.

A change in the mission of a Medical Center will affect VA nurses. The extent and scope of the impact is dependant on the complexity and magnitude of the change. For example, if a facility has gradually down-sized their inpatient services to a minimal average daily census (i.e. 10 – 20 patients), then the volume of inpatient nurses has also decreased, perhaps shifting them to outpatient services, with nurse involvement in planning for alternative modes of care for these veterans. These facilities have addressed gradually the needs of the frail elderly, patients with multiple diagnoses, the chronically mentally ill, and the patients in need of specialized medical/surgical care.

Conversely, if gradual change has not taken place and is dictated by the adoption of a significant CARES mandate, large shifts in the modality of care will be significant for both staff and veteran patients. Nurses must be involved in planning this shift in the delivery of care. Patient and staff education must focus on the new modality of care, be it in a community-based outpatient clinic, home caregiver services, pre and post procedure unit care, telemedicine or other technologically advanced means of care outside of a VA facility.

Overall, VA nurses support the effective and efficient use of resources to provide care for our patients, veteran, Tri-Care, DOD or sharing agreement patients. We know it is not reasonable to support very small inpatient units that cannot offer the complexity of services today's healthcare environment requires and our patients need. It is critical to involve nurses in planning these changes; it is the nurse who will be explaining to the patient and their family how their care will be more comprehensive when delivered at a more distant facility rather than at their "hometown" VA medical center. It is the nurse who will provide appropriate support and education to the patient and care giver to enable the change to take place with the least disruption of their routine. And, it is the nurse who will need additional training to function in a new environment of care.

In the midst of a significant nursing shortage, we need to retain all of the skilled, compassionate VA nurses we employ. VA needs to devote funds for education and training for nurses who shift from small inpatient units to massive outpatient clinics. VA needs to also consider incentives for nurses to remain with the VA and move to another facility if their "home" facility is closed or downsized or experiences a shift in the scope of care. VA may also wish to explore the concept of a pool of VA "traveling nurses" to staff units/clinics distant from their homes.

The physical environment of a room/building/facility plays a role in the delivery of quality patient care. Nurses in older facilities without state-of-the-art equipment can still give very good care to their patients. Nurses in more modern facilities with the latest technology has to offer can also give good care to their patients, but they have the tools they need to give excellent care. The nurses in more modern facilities also have the psychological advantage a pleasing interior décor, readily available supplies, comfortable patient amenities and computerized charting/medication delivery systems. Updating our facilities will also enhance the recruitment of new nurses, especially new graduates.

The dramatic shift from inpatient to outpatient care in the VA system of the past few years has dramatically reduced the number of acute inpatient beds in many facilities. I work in a very busy Ambulatory Surgery Center and frequently surgeries are cancelled due to a lack of inpatient or ICU beds. I applaud the CARES Commission for addressing the need to ensure inpatient capacity and the need to increase, update or modernize existing clinical space.

With the revision of the Nurse Qualification Standards, VA endorsed the Baccalaureate Degree in Nursing as the VA standard for advancement in the DVA. The NNEI has funded many Associate Degree nurses to pursue their BSN. In fact, the NNEI is a great recruitment tool for AND nurses: they can work for a year, apply for NNEI funding, pursue their BSN degree and work for the VA for at least three more years. Historically, these nurses tend to stay for a longer period of time because of the environment of care and learning the VA provides. BSN nurses pursuing a Masters of Science in Nursing and a Nurse Practitioner Certification can also receive funding through the NNEI. This is a program that must continue if VA wants to retain and attract the quality of nurses we want to coordinate the complex care of our veteran patients.

Registered Nurses are one of the VA's greatest assets. We give excellent care to our veteran patients and we will not compromise that care. We will work with the recommendations of the CARES Commission as VA begins to implement change. NOVA recommends the Commission consider a CARES Implementation Task Force to oversee and make recommendations to the Commission during the implementation. Nurses would be valuable members of this Task Force, bringing critical experience and insight into the ways to maintain and increase care to veterans as changes are made to the infrastructure of the VA.

Thank you for inviting me to testify and thank you for the work of the CARES Commission to date.

Dianne Nelson, RN, BSN
President-Elect, Nurses Organization of Veterans Affairs.

August 29, 2003

TO: Richard E. Larson, Executive Director
CARES Commission

FROM: Joella Williams, RN
1st Vice President, AZ Nurses Association
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1. I am unable to appear before the Capital Asset Realignment for Enhanced Services Commission for the Department of Veterans Affairs on September 19, 2003, due to a previously scheduled obligation that cannot be rearranged. The AZ Nurses Association biennial convention will be held in Prescott, AZ on that day and my duties prevent me from a personal appearance. Thank you for the invitation and opportunity to submit written comments.
2. As First Vice President of the Arizona Nurses Association, my organization is delighted to see the efforts the VA is making to improve health care services for veterans. With the projected growth in delivery of services and the current national shortage of nurses, we would direct your attention to the availability of nursing personnel that will be required to help meet those demands.
3. Many Arizona nurses presently employed by the VA report that in their health care networks, the salary structure has not kept pace with the private sector through the use of the Locality Pay model. Matching positions between private agencies and VA organizations has proven difficult, if not impossible. With that fact in mind, we recommend a thorough review of salaries for staff nursing positions as well as nurse administrators to recruit and retain a qualified nursing workforce.
4. The next 10-15 years will see the need to replace experienced nurses who will leave the workforce as the median age of the registered nurse population continues to rise. The U. S. Department of Labor estimates a need for one million new nurses nationwide by the year 2010. Many hospitals and health care organizations are supporting educational institutions in various ways to increase the supply of nurses. The VA may want to consider ways in which they may join that effort.
5. Creating work environments that attract and retain well-qualified nurses who provide excellent nursing services and promote quality patient care is crucial to the VA. The Magnet Nursing Services Recognition Program for Excellence in Nursing Services is the highest level of recognition the American Nurses' Credentialing Center can provide to organized nursing services in healthcare

organizations. One hospital in Arizona has achieved this certification and several others are seeking certification at this time. We would encourage the VA to investigate “magnet” status for their healthcare institutions.

6. In conclusion, VA nurses have discussed the lack of uniformity and accord between hospitals/networks in the VA system. They understood the decentralization and flexibility concepts of the new VA organization when networks were instituted. However, in some institutions the Nurse Executive and nursing leaders are given certain responsibilities and decision making that is not consistent in other hospitals even in the same network. Nurses would like to see all Nurse Executives included in Executive Leadership groups to demonstrate respect and consistency for nurses and nursing leadership.

7. Thank you very much for this opportunity to contribute information regarding the nursing profession in the VA healthcare system.

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1st Vice President.
Arizona Nurses Association